

Gamblers Anonymous and women



Context

Participation of women in gambling activities.

UK Gambling prevalence survey 2010 – Participation in gambling in past year.

Men – 75%

Women – 71%

Types of gambling activity – remain very gendered

Female dominated gambling activity – Bingo (7% of women v 3% of men)

Lottery scratchcards – participation equal.

Betting shops - ' a place for men to go and do their thing'



Online gambling

The 2012 Health survey for England found that gambling online is increasing among women and is very much age stratified, for both sexes.

Up to 7% of women aged 16-34 had gambled online in the last year, dropping to 3% of those aged 45 or over (Wardle and Seabury 2013).



Women and problem gambling

- A US review of 18 studies revealed that the median average proportion of problem gamblers who were female was 38 per cent, with a range from 20 to 55 per cent (National Research Council 1999)
- There are as many women who become problem gamblers as there are men in areas where Electronic Gaming Machines (EGMs) are easily accessible – for example in restaurants, hotels and shops. This is true in the US in states such as Montana, Louisiana and Oregon (Davis 2009), Las Vegas (Dow Schull 2002), and in Australia (Volberg 2003).
- In Australia, the proportion of women in treatment for problem gambling rose from 10% to between 40 and 60% after the liberalisation of regulations and increased availability of EGMs.

‘Escape’ gambling

Jacobs (1986) - theory of addiction

Problem gambling develops over time as gambling is increasingly used to escape painful inner experiences.

Many studies suggest that women more likely to be ‘escape’ gamblers

(Brown and Coventry 1997, Blaszczynski 2000, Jacobs 1986, Lesieur and Blume 1991)

Canadian study - ‘ *the motif of escape was apparent*’ with almost half of female respondents (49%) admitting gambling to get a break from reality. (Boughton and Brewster 2002)

Co morbidities

The escape which people are seeking in gambling is often connected to the comorbidities of anxiety and depression (Pierce et al 1997)

Female problem gamblers more likely to have these comorbidities of anxiety and depression and to be in contact with the mental health system (Blanco et al 2006, Boughton 2003, Davis and Avery 2004, Toneatto and Wang 2009).

Davis and Avery (2004) found that 41 % of their sample of PG had a history of diagnosed mental illness, particularly depression or bipolar disorder.

Women and problem gambling in the UK

The 2012 Health survey suggested that 0.1 to 0.2 of the female population could be defined as problem gamblers, depending on the measure used. This compares to 0.6 to 0.8 % of the male population (Wardle et al 2012).

This ratio is within the range noted by Govoni et al (1996) who found that , internationally, the ratio of male to female problem gamblers varies from 3.5:1 to 10:1.

* Definitions and measures of problems relating to gambling remain contested and varied. The previous British gambling prevalence surveys and the 2012 health survey all used two widely used and validated measures - 1. The DSM IV criteria (based on the American diagnostic and statistical manual of mental disorders. 2. The Canadian problem gambling severity index (PGSI) which was developed for use with population based surveys rather than as a diagnostic instrument as such

Twelve step programmes

A hybrid of 'spiritual' approaches and elements and 'medical' or disease model elements

E.g Alcoholics Anonymous/

Step 1. We admitted we were powerless over alcohol—that our lives had become unmanageable.

Step 2. We Came to believe that a Power greater than ourselves could restore us to sanity.

Step 3 We made a decision to turn our will and our lives over to the care of God as we understood Him.

(Steps 5, 6 and 11 in the original wording also mention God directly)

Origins of 12 step framework

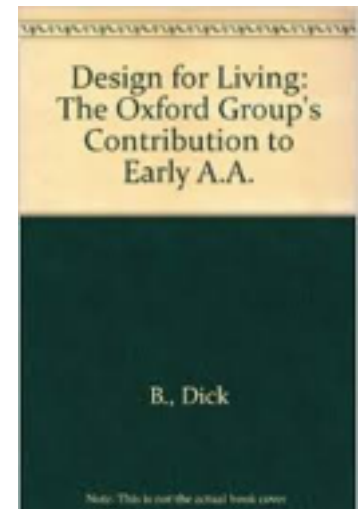
“early AA got its ideas of self-examination, acknowledgment of character defects, restitution for harm done, and working with others straight from the Oxford Groups.”

(Alcoholics Anonymous 2001 p. 39)

Oxford Movement - a revivalist movement of the church.

Emphasised the need for religious
experience/ conversion

Ideas supported by prominent psychologists/
psychiatrists of the time - William James and Carl Jung



Twelve step programmes

Alcoholics Anonymous – origins - 1938 - USA

Gamblers Anonymous - origins - 1957 - USA

Gamblers Anonymous today – over 1000 Meetings in the USA and present in dozens of countries



- Arrived here in 1964 and now over 170 meetings in UK
- 'women preferred' meetings in the USA since 1992 and the first such meeting in the UK in Manchester 2012

Gender and 12 step programmes

AA (alcoholics anonymous) attendance

- Studies have shown that outcomes are as good or better for women (Kaskutas et al 2005)
- Women were likely to attend more meetings in their first year after abstinence
- positive relationship between a longer duration of AA attendance and stable remission was stronger for women (Moos et al 2006)

Available help for women with gambling problems

One NHS treatment clinic, in London

Growing but still limited amount of funding provided by the Responsible Gambling Trust (RGT) for individual counselling for problem gamblers in certain parts of the UK

GA still provides the majority of face to face help available to people with gambling problems.



Research and GA

The nature of the 12 step programmes makes them difficult to research

Anonymity and self help are key.

Many meetings are closed to non 'addicts'

Access to clinicians and researchers has been limited.



GA - literature review

A search was undertaken using relevant databases, including Medline, Psycinfo and

Search terms included : 1. Gamblers Anonymous OR GA, and 2. Gambling and twelve steps.

The websites of a number of relevant international gambling research centres and groups were also searched for relevant papers and information.

These included: The Australian Gambling Research Centre, The Gambling Research Exchange, Ontario (Canada), The Alberta Gambling Research Institute (Canada), The Gambling Research Group (University of Glasgow), The Gambling and Addictions Research centre (Auckland university, New Zealand)

Results

One of the earliest detailed studies of GA took place in the UK. Four papers based on detailed observations of GA groups in Scotland were published (Stewart and Brown 1988).

Although data was provided about numbers of attenders and the significant dropout rates, there appears to be no data about gender available in relation to these studies.

Another UK based study - two GA groups in Wales studied over a period of a year, via non participant observation.

Majority of attenders were male - 38 out of 41. In contrast the membership of the partner Gam Anon meetings was largely female – 19 of 28 members.

'What did become evident was that the attendances of G A members were highly dependent upon the commitment and even the attendance of Gam Anon members' (Turner and Saunders 1988, p3)

Custer - 1980s - 4% of GA attenders female (USA)

Rae Davis (2009) - 33 to 50% GA attenders female (USA)

Ferentzy and colleagues did a series of studies on GA in Canada.

They were clear about the importance of women to male GA members, usually via their role in attending Gam Anon and supporting their partners in maintaining abstinence and attendance at GA.

“In short, loyal women have been integral to recovery in GA, and to a far greater extent than has been the case in similar mutual aid societies” (Ferentzy et al 2010, p488).

GA and gender

Table 1 Treatment of gender in studies of Gamblers Anonymous

Article	Sample Male/Female (M/F)	References to women	Separate gender analysis	Comments
Getty, Watson and Frisch (2000)	30 GA members (20M/10F) and 30 matched controls	Yes	Yes	Exploring gender differences was an explicit aim of the study.
Rossol (2001)	150 hours of observations of GA groups	No	No	Detailed discussion of construction of PG (problem gambler) identity in GA. No reference to gender differences.
Petry (2003)	342 pathological gamblers seeking treatment	Yes	Yes.	Looking at GA attendance as a factor in abstinence rates in those seeking professional treatment.
Ferentzy, Skinner and Antze (2004)				
Ferentzy, Skinner and Antze (2006)	15 M /8 F 42 GA meetings	Yes	Yes.	Detailed ethnographic and observational study. Sample for interviews matched to GA attenders in terms of gender.
Strauss (2006)	52 postal surveys 12 interviews	Yes.	No.	No women agreed to interview. 15 of 52 surveys completed by women

Article	Sample Male/Female (M/F)	References to women	Separate gender analysis	Comments
Petry et al (2007)	127 P.Gs (58F)	Yes.	No	Comparing GA attendance with GA plus CBT. Analysis of coping skills and gambling outcomes. No analysis of gender as a factor.
Oei and Gordon (2008)	75 GA attenders 55 M/ 20F	Yes.	No	Factor analysis of seven variables relating to abstinence v relapse, but no gender analysis.
Gomes and Pascual Leone (2009)	60 outpatient Problem gamblers	No	No	Analysing links between GA use and a range of other factors including social support and depression. Given well known gender differences in both social support and depression, omission of any gender analysis surprising.
Avery and Rae Davis (2008)	US based Online survey 136 women with 6 mths+ of abstinence.	Yes	Women only study.	
Grant et al (2009)	68 pathological gamblers.	Yes	Yes.	Randomised trial of imaginal desensitisation plus motivational

GA and women

Mark and Leiseur (1992, p559) in a 'feminist' critique of gambling research suggested that '*caution must be expressed when gender biased organisations like Gamblers Anonymous... are studied*' going on to suggest that 'if a men's club atmosphere pervades the scene (as is the case with many GA meetings) this must be recognised'.

Avery and Rae Davis (2008)

- online survey of women with gambling problems
- 75% of responders reported attending at least one GA meeting and that 'most felt welcomed and understood'.

Positive Comments: *“I felt welcomed as all of us were suffering many of the same results of our gambling,” “The people there understand me, where my family and friends don’t.”*

This suggests that the bond of a shared problem is perhaps more important than the difference of gender.

However, the same authors report that over a quarter (27%) felt unwelcome at GA, with a range of comments from participants about being completely ignored by the men, or having their gambling activities dismissed as 'not real gambling'.

A Contemporary GA meeting

This location has meetings twice a week – once closed and one 'open'

Open meetings allow the attendance of family, friends and guests. They are controversial within GA and there are few in the UK.

Gam - Anon provides meetings for partners/spouses/supporters. Nearest Gam Anon 50 miles away

I attended 20 meetings over the period of one year.

There were 278 attendances in total over this period (the mean was 14, and the range 8 – 17 people per meeting)

Of these some 28 (10%) were by females, but these were largely partners and mothers of male gamblers.

Just 3 females attended in this period who identified themselves as problem gamblers



S - attended with husband. Both mid 50's.

- *‘we were advised to come here by the mental health service’*
- *‘ I am on tablets for depression and on the waiting list to see a counsellor’*
- *‘its the lies that get you. 20 years of living with lies’*

- J - problems with online bingo. Mainly in the evenings and in short periods of time between caring duties
- Main carer for a 12 year old boy with significant physical disabilities
- Described her bingo time as 'my only me time' and the only escape from the strains of her caring responsibilities

Conclusions

- Findings cannot be generalised but the one example suggests that GA meetings may still be very male dominated
- Intend to study the online presence of GA for a broader picture of the issue in the UK
- Need for a space which allows for dealing with 'comorbidities' to a greater degree?
- More 'women preferred' meetings may be a useful way forward

References

Alcoholics Anonymous World Services (2001) Alcoholics Anonymous Come of Age: A brief history of AA

Avery, L. and Davis, D. (2008) Womens recovery from compulsive gambling: formal and informal supports *Journal of social work practice in the addictions* , 8, 2.

Brown S and Coventry L (1997). Queen of Hearts. The Needs of Women with Gambling Problems. Melbourne, Financial and Consumer Rights Council Inc.

Blaszczynski, A (2000). Pathways to Pathological Gambling: Identifying Typologies. eGambling feature article: 6/8/2000.

Boughton, R, & Brewster, J. (2002). *Voices of Women Who Gamble in Ontario: A Survey Of Women's Gambling: Barriers To Treatment And Treatment Service Needs. Report To the Ontario Ministry of Health And Long Term Care*, Toronto: Ministry of Health and Long Term Care.

Boughton, R.(2003). A feminist slant on counselling the female gambler. e_gambling: The Electronic Journal of Gambling Issues, May 2003.

Blanco C, Hasin DS, Petry N, et al (2006) Sex differences in subclinical and DSM-IV pathological gambling: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Psychol Med*36(7):943–953,

Custer, R. (1982) Gambling and addiction, in *Drug dependent patients: treatment and research*, ed Craig,R and Baker ,I. Springfield, IL Charles Thomas

Davis,D. and Avery,L. (2004) Women who have taken their lives back form compulsive gambling; results from an online survey. *Journal of Social Work Practice in the Addictions*,4,1,61-80

Davis,D. (2009) *Taking Back Your Life. Women and Problem Gambling*. Minnesota Hazeleden

Dow Schull,N. 2002 Escape Mechanism: Women, Caretaking, and Compulsive Machine Gambling Natasha Dow Schull* Working Paper No. 41 Berkeley UCL

Ferentzy, P., Skinner, W., and Antze, P. (2006) *Journal of Groups in Addiction & Recovery*. 1 3/4.

Govoni, R., Rupcich, N. & Frisch, G.R. (1996). Gambling behaviour of adolescent gamblers. *Journal of Gambling Studies*, 12 (3), 305-317.

- Jacobs, D. 1986 A general theory of addictions: A new theoretical model. *Journal of Gambling Behaviour*, 2,1, 15-31
- Lesieur, H. and Blume, S. (1991) When lady luck loses: women and compulsive gambling. In N. Van Der Bergh (Ed.), *Feminist perspectives on addiction* (pp. 181-197). New York, Springer.
- Kaskutas LA, Ammon L, Delucchi K, et al. [Alcoholics Anonymous careers: patterns of AA involvement five years after treatment entry](#). *Alcohol Clin Exp Res*. 2005;29(11):1983–1990
- Mark, M. E. and Lesieur, H. R. 1992. A feminist critique of problem gambling research. *British Journal of Addiction*, 87: 549–565.
- Moos RH, Moos BS. (2006) Rates and predictors of relapse after natural and treated remission from alcohol use disorders. *Addiction*. 101:212–222
- National Research council (1999) *Pathological Gambling A Critical Review* Washington National Academies Press
- Toneatto, T. and Wang, J. (2009) Community Treatment for Problem Gambling. Sex differences in outcomes and process. *Community mental health journal*, 45,6, 468-475
- Volberg, R. (2003) Has there been a feminisation of gambling and problem gambling in the US? *egambling* 8
- Wardle, H., & Seabury, C. (2013). Gambling Behaviour. In Craig, R., Mindell, J. (Eds.) *Health Survey for England 2012 [Vol 1]. Health, social care and lifestyles*. Leeds: Health and Social Care Information Centre.